## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
John Bolton Super PAC	
	C C00542464
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Campaign Solutions	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 N. Saint Asaph Street	Amount
City State Zip Code	295.99
Alexandria VA 22314	Transaction ID : SE.25699 Date of Disbursement or Obligation
Purpose of Expenditure emails Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Thomas Cotton Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
Full Name of Payee CD, Inc.	Date of Public Distribution/Dissemination
	10 15 2014
Mailing Address P. O. Box 1877	Amount
City State Zip Code	376593.60
Alexandria VA 22313	Transaction ID : SE.25700  Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	M M / D D / Y Y Y Y Y
Thomas Cotton	e Sought: House District:
Орроѕе	Fresident State.
Calendar Year-To-Date Per Election for Office Sought  Disbute 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	376889.59
(a) SSE TOTAL OF HOMESON HISOPORACINE EXPONENTIAL CO.	370003.33
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	0 16 2014
Signature	